

13 CV 7413

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

OMRAN. L. MOSTAFA

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

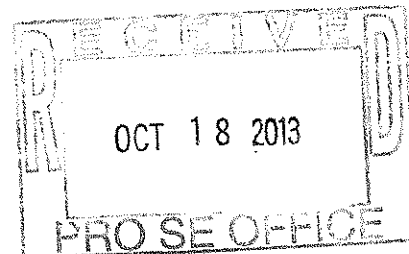
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

City of New York

at Mid HUDSON PSYCHIATRIC
CENTER HOSPITALJury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

OMRAN. L. MOSTAFA.

ID #

8543

Current Institution

Address

P.O. Box 158 - Route 17 M
Mid HUDSON PSYCHIATRIC
CENTER HOSPITAL, New Hampton
N.Y. 10958-0158 H.U. 43-44.

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

City of New York

Shield # 43-44 H-U

Where Currently Employed

at mid Hudson center

Address

P.O. Box 158 Route 17 M
New Hampton N.Y. 10958

Defendant No. 2

Name PATIENT Account Shield # H.U 43-44
 Where Currently Employed Mrs. MANGER and Mrs. LINDA
 Address Mid Hudson Center Route 17 M
New Hampton New York 10958

Defendant No. 3

Name Mid Hudson Center Shield #
 Where Currently Employed MR. JOSE SEGURA
 Address Director's Administration at
New Hampton New York 10958

Defendant No. 4

Name Luther Hamilton Shield # Director Manager
 Where Currently Employed Mid Hudson Center
 Address New Hampton New York 10958
Route 17 M. H.U. 43-44.

Defendant No. 5

Name Peggy Healy, Executive Shield #
 Where Currently Employed Director at Mid
 Address Hudson Center P.O. Box 158
Route 17 M. New Hampton
N.Y 10958.

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
in the Mid Hudson Facility Bldg 1 Toke
A place in institution of the Jail
- B. Where in the institution did the events giving rise to your claim(s) occur?
at Mid Hudson Hospital. P.O. Box 158
Route 17 M New Hampton N.Y 10958
- C. What date and approximate time did the events giving rise to your claim(s) occur?
at the day [redacted] I Retaining
to Jail on the day 4/17/2012

D. Facts:

stolen property account

What happened to you?

Patient un authorized use by not sent my money account to the Facility.

Who did what?

at Rikers I loaned. on the day 4/16/2012
of the stolen property account moneys.
at the Patient Account Manager.

Was anyone else involved?

her name is Mrs: Linda and MR
Jose Segura Director Administration
and MR: Peggy Healy Executive Director
and MR: Hamilton the Director Manager.
on social services → and Mrs Leontay

Who else saw what happened?

I have my Release money Reset
and I did not get my property
Moneys. is missing it is ill legal fraud-
and violated my right

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I went through pain
and Anguish suffering for not
getting my property moneys and cruel
unusual punishment and framed and losing
my moneys and mental Anguish and No
getting my Hygienic need.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No ____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the event giving rise to your claim(s).

happen on the jail facility
and Mid Hudson Center. Route 174. at
New Hampton, NY 10958.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

at the facility and the mid Hudson center

1. Which claim(s) in this complaint did you grieve? claim No. 2

2012 P.D. 022439 Acknowledgment

2. What was the result, if any? ACKNOWLEDGMENT my claim
by resolve now suite - LAW suite

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I have Ben granted acknowledge my
claim by the court office the compeller
to create my claim and resolve by
law suite.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I did file grievance and
was No resolve to my
money property.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: to the city of New York
office of comptroller at "1" center
street Room 1200 New York, NY 10007

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. that about the facts is the patient
account manager and the social services
miss linda and miss leontay and the Director
MR Hamilton and MR Peggs damage my
property money's account by not send
my money's and an authorized use and stealing

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I aske to get my property
money's and pay one million Dollar
to me and to the City of New York
becaus the mid hudson center Account
has violated my Right it is a illegale
A ill legal fraud to stealing my money's
property and damage my life and
property money's and suffering from Hygienic
need and Freedom and losing my money's
and my Freedom.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of 22, 2013

Signature of Plaintiff

011R lab 3 [Signature] on Mostafa

Inmate Number

8543

Institution Address

P.O. Box 158 Mid
Hudson Center Hospital
Road 17 M New Hampton
New York 10958 H.U. 43-44

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of 22, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

011R lab 3 [Signature] on Mostafa.



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson
Chief, Bureau of Law and
Adjustment

015 - 151

John C. Liu
COMPTROLLER

Date: 08/30/2012
Claim No: 2012PD022439
RE: Acknowledgment of Claim

MOSTAPA OMRAN 8951200473
15-15 HAZEN ST
BRONX, NY 11370

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson

